

Name
in
Full

Nettie Frances Louise Anderson

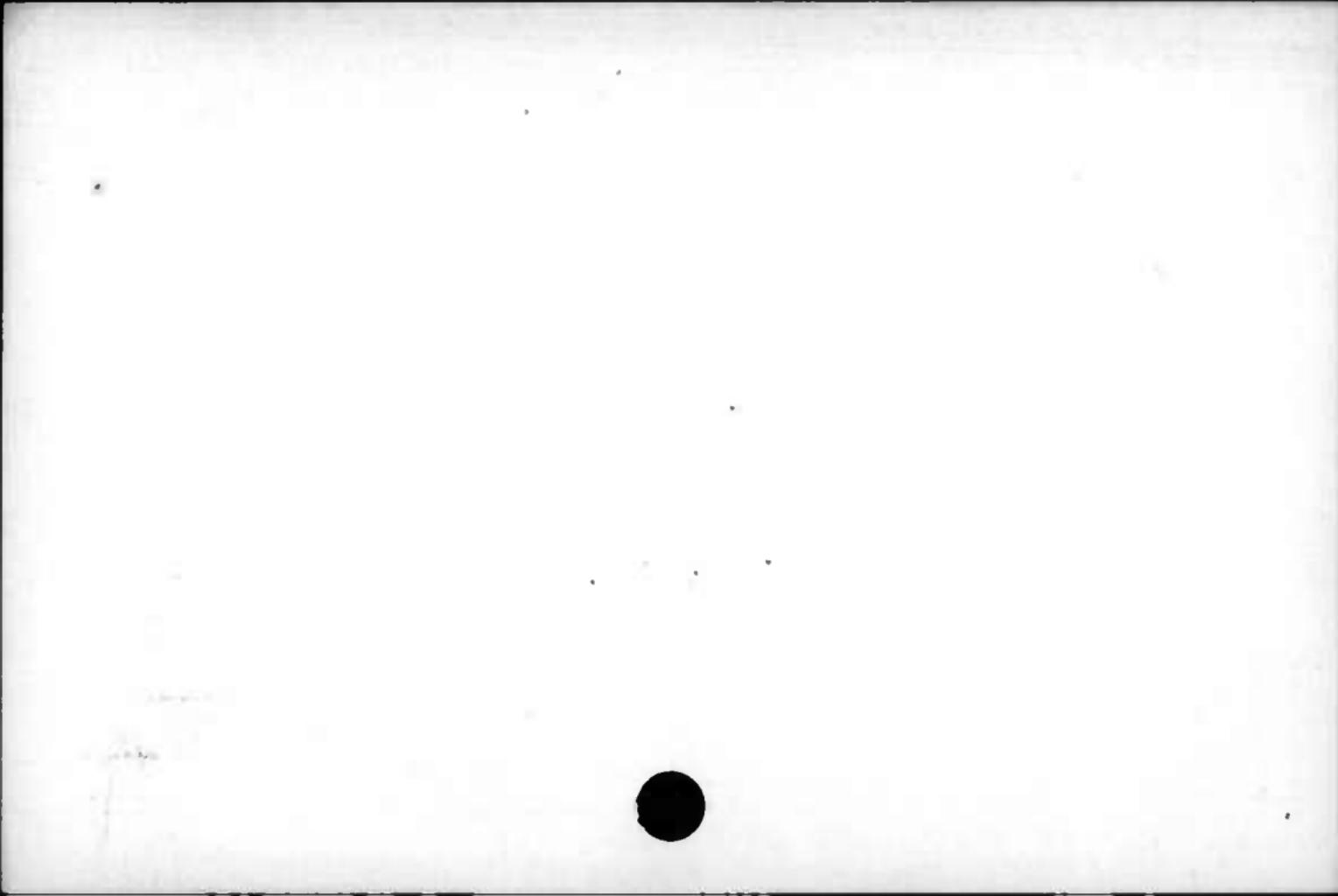
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Chesterstown		County Kent	MARYLAND		
Date of death 190	Month 3 July	Day 28	Years Age 6	Months " 11	Days	
Sex Female	Color or Race Black	Birth- place Chesterstown				
Married, Single or Widowed Single	Occupation					
Name of Wife or Husband						
Father's Name John W Anderson	Father's Birthplace Kent Co.					
Mother's Maiden Name Benina Anderson	Mother's Birthplace Queen Anne Co.					
Name of person giving Information Benina Anderson	How related to deceased Mother					

CAUSES OF DEATH

Primary	Typhoid fever and Pertussis		How long 3 weeks
Immediate	Asthenia		How long several days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician H.G. Simpers
			Address Chesterstown, Kent Co.
Accident or Suicide?		No	



Name
in
Full

John. Antone

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at near Millington		County Kent		MARYLAND		
Date of death 1903	Month July	Day 26	Age 15	Months 11	Days	
Sex Male	Color or Race white	Occupation		Birthplace near Galena		
Married, Single or Widowed						
Name of Wife or Husband	Name of Father					
Father's Name Nicolaus Antone			Father's Birthplace Europe			
Mother's Maiden Name Kate Antone			Mother's Birthplace Europe			
Name of person giving Information John Corner	172		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Accidental drowning

on July the 26 1903

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
Geo. B. Townsend, Jr.

Address

Millington Kent County
Maryland

Accident or Suicide?

Walter ^{W.} T. Hicks gallery
Kutcher inc

Name
in
Full

Johnny Cunlone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Millington</u> , Town		<u>Kent</u> , County		MARYLAND		
Date of death 1903	Month July	Day 26th	Age 15	Years	Months 11	Days 12
Sex	Color or Race <u>White</u>	Birthplace <u>New Galena</u>				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	<u>Nicolas Cunlone</u>			Father's Birthplace	<u>Europe</u>	
Mother's Maiden Name	<u>Rate Cunlone</u> 177			Mother's Birthplace	<u>Europe</u>	
Name of person giving information	<u>Johnny Cunlone</u>					
How related to deceased <u>no relation</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Rev. C. Townsend Jr
Millington Kent County
Maryland

Name
in
Full

William H. Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edenville		County Kent		MARYLAND		
Date of death 1905	Month July	Day 24 th	Years Age 70	Months 7	Days	
Sex Male	Color or Race Colored	Occupation Farmer		Birth- place Maryland		
Married, Single or Widowed Married						
Name of Wife or Husband Julia R. Beck						
Father's Name Lyebel Beck					Father's Birthplace Maryland	
Mother's Maiden Name Not Known					Mother's Birthplace " "	
Name of person giving Information his Family						How related to deceased

CAUSES OF DEATH

Primary

Bright Disease

How long

4 months,

Immediate

Exhaustion?

How long

" "

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. W. Beall MD

Rock Hall

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Margaret Berger
Rock Hall

County

Bethel

Date
of death 1903

Month

Day

Years

Age

45

Months

4

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Pa

Married, Single
or Widowed

married

Occupation

Housewife

Name of Wife or
Husband

Joseph. R. Ryan

Father's
Name

Jacob. Berger

Father's
Birthplace

Mount Pleasant

Mother's
Maiden Name

Mary. Eliza

Mother's
Birthplace

Mount Pleasant

Name of person giving
Information

Joseph R. Ryan Jr.

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Change of life 199

How long

Two months

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W.O. Kelly M.D.
Rock Hall Md.

Accident or Suicide?



Name
in
Full

Elizabeth T. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Kear Pomona	Kent	Months	Days
Date of death 1903	Month July	Day 23	Years 71	23
Sex Female	Color or Race White	Birth-place Kent Co.		
Married, Single or Widowed	Occupation	No occupation.		
Name of Wife or Husband	C. B. Brown	Deceased		
Father's Name	Thomas W. Braga	Father's Birthplace	Kent Co.	
Mother's Maiden Name	Elizabeth Simmonds	Mother's Birthplace	Kent Co.	
Name of person giving Information	O. S. Brown	How related to deceased	Son in law.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	66.	How long	1 year,
Immediate	Paralysis		How long	3 months.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Braga Simmonds	
		Address	Chesertown Md	
Accident or Suicide?	No			



Name
in
Full

Madeline Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Synches</u>		County <u>Kent</u>		MARYLAND		
Date of death 1903	Month July	Day 30	Age 1	Years	Months 7	Days 5
Sex <u>female</u>	Color or Race <u>white</u>	Occupation		Birthplace <u>md</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Hassie Burton</u>			Mother's Birthplace <u>md</u>			
Name of person giving Information <u>William Smith</u>			How related to deceased <u>Uncle.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enter - Cokitis</u>	105	How long <u>one week</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. Louis Barrick.</u>	
	Address <u>Kennedyville Md.</u>	
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>James Campbell</i>						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White		Birth-place	<i>Ireland</i>	
Occupation	Laborer		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	<i>James Campbell</i>		Father's Birthplace		<i>Ireland</i>		
Mother's Maiden Name	<i>Patricia Mooney</i>		Mother's Birthplace		—		
Name of person giving information	—		How related to deceased		—		

CAUSES OF DEATH

Primary	<i>Chronic Bronchitis</i>	How long
Immediate	<i>Heart prostration.</i>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. M. Geter M.D.
725 Sassafras, Md.

Accident or Suicide?



J. Bernard Leartes

Town

Worlton

County

Kent

MARYLAND

Died at

1903

Month

July 28

Day

Y.

M.

D.

Native of

7 25 Kent Co Md

Occupation

none

Date 189

Male

White

Age
Married

Widow

Divorced

Female

Solent

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

John W. Leartes

Mother's

Name

Sarah A. Doyle.

Cause of

Primary

How long sick

105

two weeks

Death

Immediate

Cholera Infection

Accident, Suicide, Homicide

Reported by

John H. Hessey M.D.

Address

Hanesville Md.



Name
in
Full

Marie Commodore

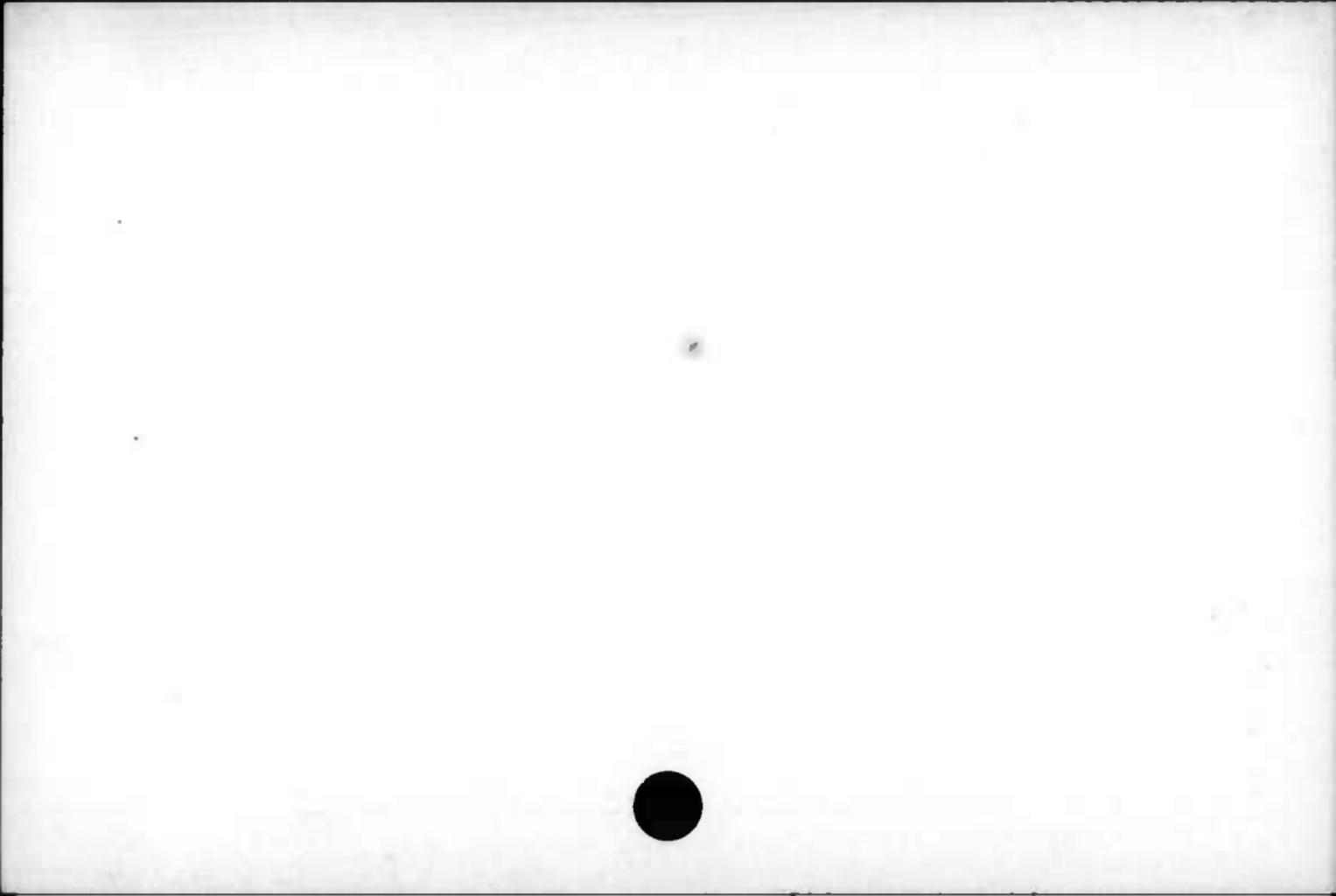
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month July	Day 2nd	Age	Years	Months 6	Days 2
Sex Female	Color or Race		Black		Birth-place	Chestertown
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Wesley Jones				Father's Birthplace	Chestertown
Mother's Maiden Name	Ellen Commodore				Mother's Birthplace	Calvert Co.
Name of person giving information	Ellen Commodore				How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough	How long	3 weeks
	Immediate	Congulsions	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. G. Simpers	
		Address	Chestertown	
Accident or Suicide?		No		



Name
in
Full

W. S. Maxwell Lounding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Worton

Town

County

MARYLAND

Date
of death 1903

Month

Day

Years

Months

Days

Age

10

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Charles Lounding

Father's
BirthplaceMother's
Maiden Name

Agnes Cooper

Md

Name of person giving
Information

Miss Ashley

Md

Mother's
Birthplace

Anst.

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery

How long

one week.

Immediate

14

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W. S. Maxwell,

Still Pond. Md.

Address

Accident or Suicide?

St. H. Land

Name
in
Full

Sam C Dudley Dudley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month	Year	Months	Days
Sex Male	Color or Race	Occupation	Birth-place	
Married, Single or Widowed	Baltimore			
Name of Wife or Husband				
Father's Name	Bradford Dudley		Father's Birthplace	2nd
Mother's Maiden Name	Alice E Connelly		Mother's Birthplace	2nd
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	61	How long	48 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Connelly	
		Address	N. Remond St Milwaukee	
Accident or Suicide?				



Name
in
Full

Ella Jane Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown		County Kent		MARYLAND	
Date of death 1903	Month July	Day 2	Years —	Months —	Days 30
Sex Female	Color or Race Black	Birth- place Chestertown			
Married, Single or Widowed Single	Occupation none				
Name of Wife or Husband					
Father's Name Asbury Fletcher	Father's Birthplace				
Mother's Maiden Name Annie Griffin	Mother's Birthplace				
Name of person giving Information Martha J. Griffin	How related to deceased Grand Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Health

Address

Willard Melvin

Mary Jane ^{her} Griffin
Mark

Chestertown Md

Accident or Suicide?

No



Name
in
Full

Maggie Haterlander

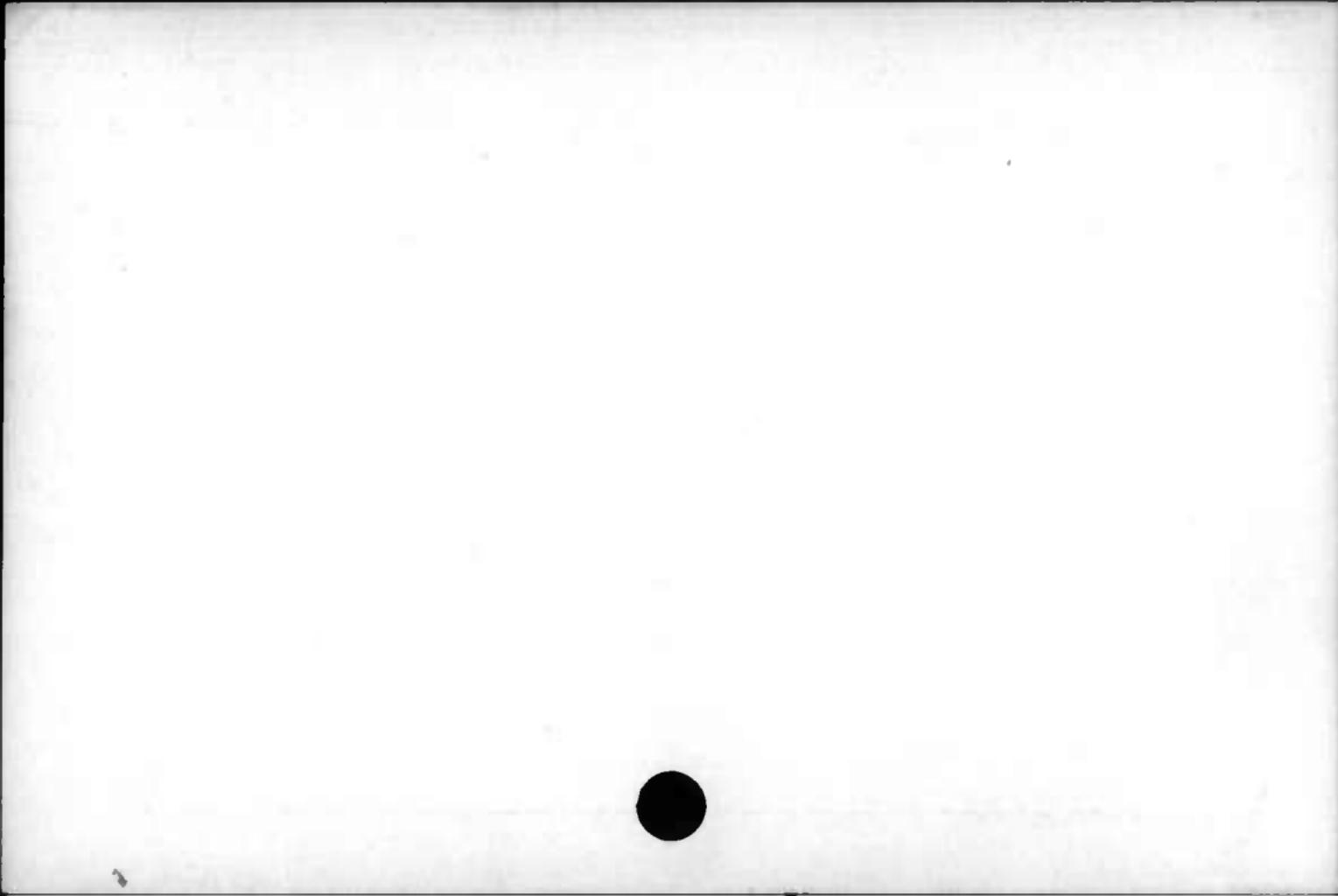
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 26	Age 49	Years	Months Days
Sex Female	Color or Race White	Birth-place Baltimore			
Married, Single or Widowed Married	Occupation Housewife				
Name of Wife or Husband George Haterlander					
Father's Name Peter Mc Kean	Father's Birthplace Ireland				
Mother's Maiden Name Mary Logue	Mother's Birthplace Ireland				
Name of person giving information George Haterlander	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Mitral Regurgitation	79	How long 9 months
	Immediate	Syncope	2 days	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	18 G. Smokers
			Address	Chestertown, Kent Co
Accident or Suicide?		No		



Eva. Hender HARRY

Died at
1903Town
GalenaCounty
Kent

MARYLAND

Died at 1903	Month July	Day 21	Y. 11	M. -	D. -	Native of Kent Co	Occupation
Date 189	White		Age 11	Married	Widow	Divorced	
Male	Colored			Single	Widower	Number of children living	
Female							

Husband of

Wife

Father's Name

Charles Hardy

Mother's Name

Lena Wilma

Cause of Death	Primary Marasmus	How long sick 1 month
	Immediate	Accident, Suicide, Homicide

Reported by

Edward Scott, M.D.

Address

Galena. Md.



Name
in
Full

Velma May Haughton

CERTIFICATE OF DEATH

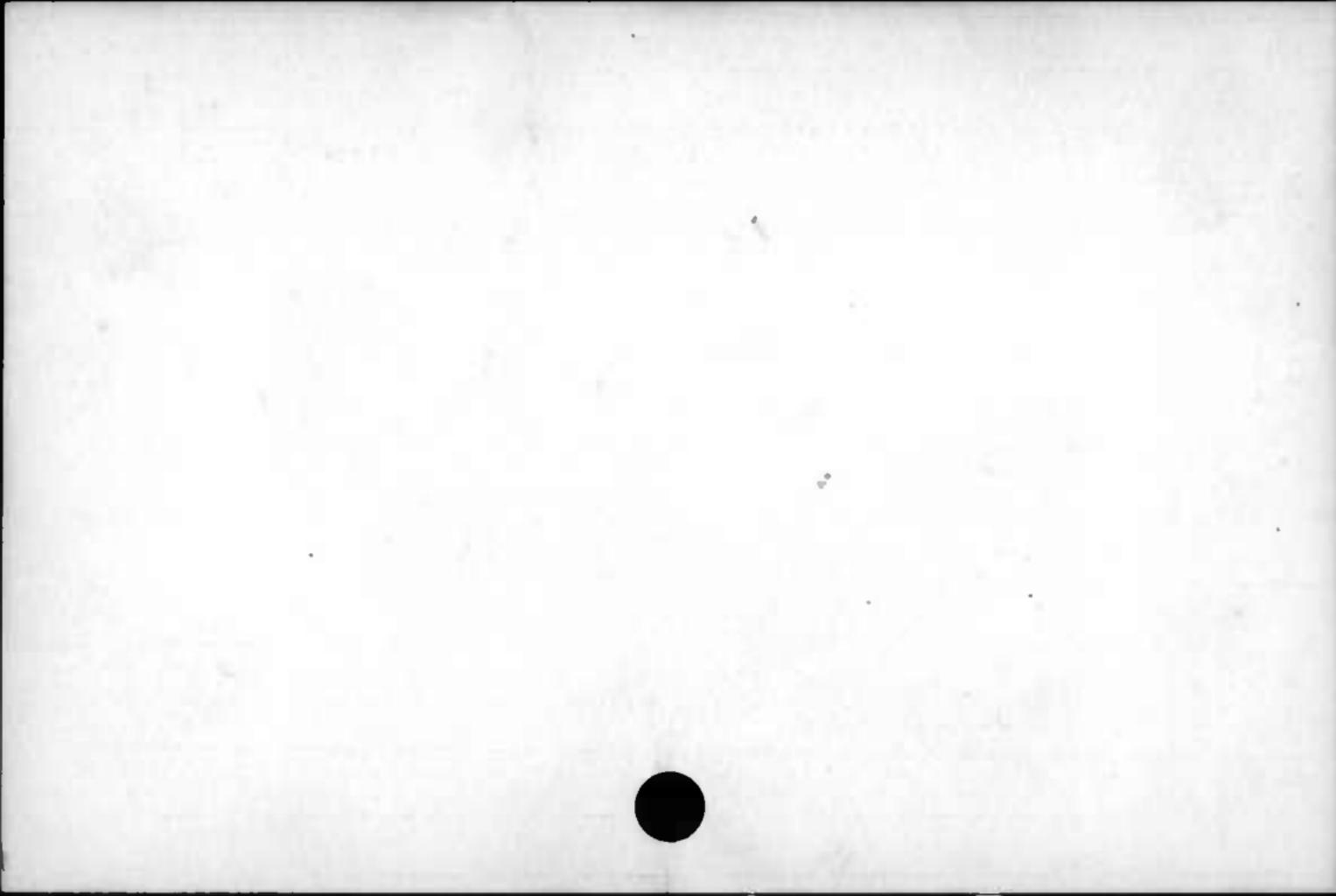
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Chestertown		Kent					
Date of death	1903	Month July	Day 20	Age	Years	Months 11	Days 19
Sex	Female	Color or Race	Colored	Birth-place	Chestertown		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Jonas Haughton				Father's Birthplace	North Carolina	
Mother's Maiden Name	Mary L. Cotton				Mother's Birthplace	Chestertown	
Name of person giving Information	Jonas Haughton				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping cough, acute ileo colitis		How long	3 weeks	
Immediate	Convulsions		How long	One hour	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. G. Simpers	
			Address	Chestertown, Md.	
Accident or Suicide?		160			



Name
in
Full

Charles Kessner

CERTIFICATE OF DEATH

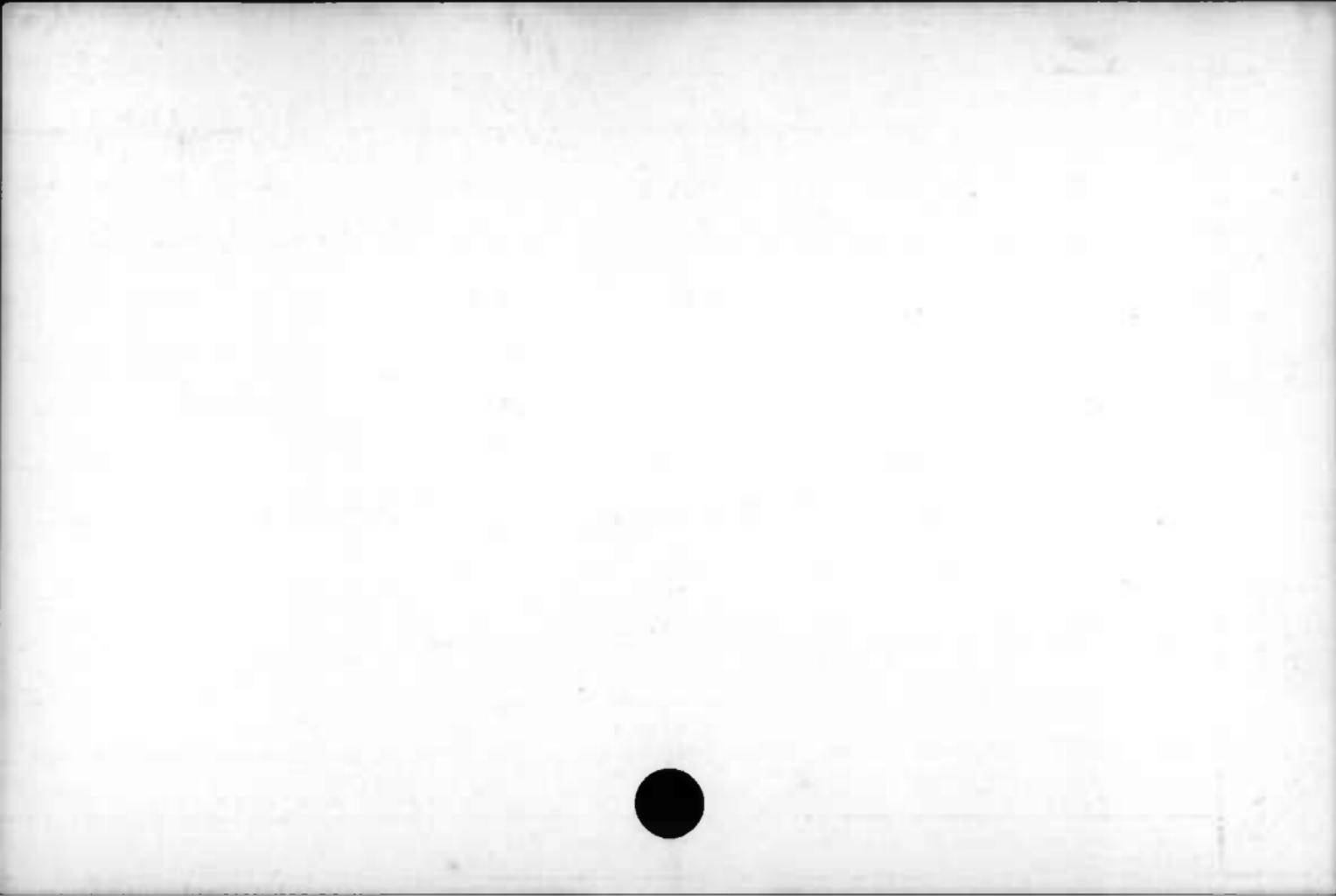
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kennedyville</u>		Town <u>Kent</u> County	MARYLAND		
Date of death 1903	Month <u>July</u>	Day <u>17</u>	Age <u>65</u>	Years <u>5</u>	Months <u>17</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>			
Married, Single or Widowed <u>married</u>		Occupation <u>Butcher</u>			
Name of Wife or Husband <u>Augusta Hamilton</u>					
Father's Name <u>Otto Kessner</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Catherine Wissner</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Mrs. Augusta Kessner</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcoholism & Gastritis. 50.	How long <u>one year</u>
Immediate	hemorrhage from stomach & bowels	How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. Irvin Barnick M.D.</u>
		Address <u>Kennedyville</u>
<u>Accident or Suicide?</u>		<u>Ind.</u>



Mary Ann Henry

Town

County

Died at

Georgetown (Fairlee) Kent Co

MARYLAND

Date 1903

Month

Day

Y. M. D.

Native of

Occupation

Male

July 13

Age

Widow

Divorced

Female

Married

Widower

Number of children living

Colored

Single

Husband

of

Louis Henry

1900

Wife

Father's

Name

Mother's

Name

Andrew Chamber

Cause of

Primary

Chronic Nephritis

How long sick

2 yrs

Death

Immediate

exhaustion during

Accident, Suicide, Homicide

Reported by

Address

Frank W. Smith M.D.

Must be signed by physician, if any in attendance, otherwise by ~~undertaker~~ undertaker or minister.



Ulysses Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Black	Birth-place	Md		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Geo W. Jackson			Father's Birthplace	Va		
Mother's Maiden Name	Solisia Simmons			Mother's Birthplace	Md		
Name of person giving information	G.W. Jackson			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum	105	How long	1 week
	Immediate	11	"	How long	1 week
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H. Bringe Simmons	
			Address	Chesterstown Md	
Accident or Suicide?			No		

Fountain

Church

Name
in
Full

Jacob. A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u> Town		County <u>Hert</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>July</u>	Day <u>4</u>	Age <u>76</u> Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Carpenter</u>				
Married, Single or Widowed <u>married</u>						
Name of Wife or Husband <u>Martha A. Price</u>						
Father's Name <u>Daniel Jones</u>			Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Catherine Tilden</u>			Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Martha Jones</u>			How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis

66

How long

3 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. R. Mead
Still Pond Ind.

Accident or Suicide?

Shrewsbury

Name
in
Full

Still Born - PERRY

CERTIFICATE OF DEATH

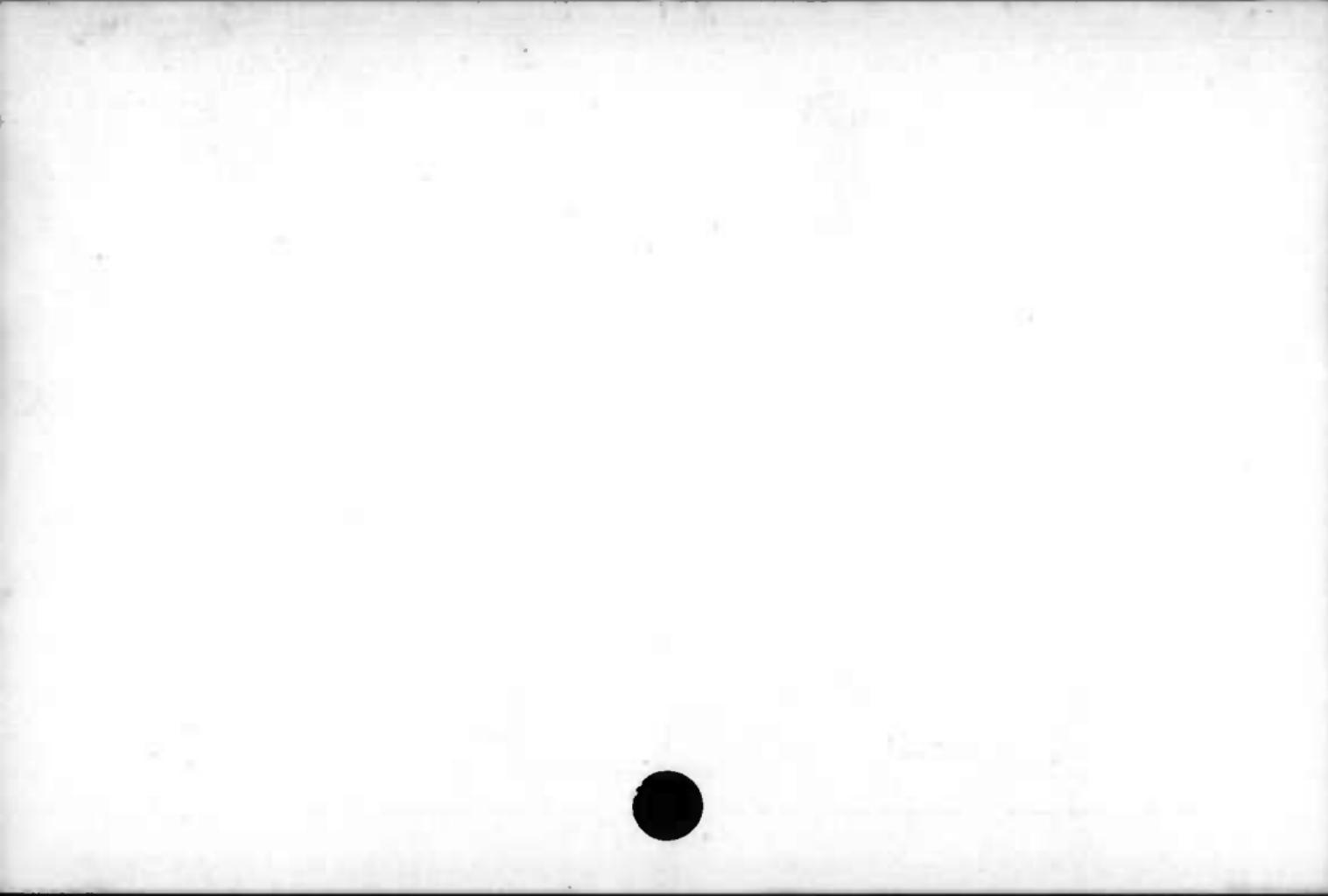
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Chestertown		St. Mary's	
Date of death 190	Month	Day	Years Months Days
190	July	27	Age — — —
Sex	Color or Race	Occupation	Birth-place
Male.	White.	—	Chestertown
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	Frank. Perry	Father's Birthplace	Md.
Mother's Maiden Name	Frances Levine	Mother's Birthplace	Germany
Name of person giving information	Wash. Days.	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	Chestertown Maryland



Bert Pleasant

Town

County

Died at

Meltonia

Kent

MARYLAND

Date 189 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

4

Widow.

Divorced

Female

Custodian

Single

Widower

Number of children living

Husband
of

Father's

Name

Frank Pleasant

Mother's

Name

Aurice Robinson

Cause of

Primary

105

How long sick

Death

Immediate

Chloro a Drgentum

Accident, Suicide, Homicide

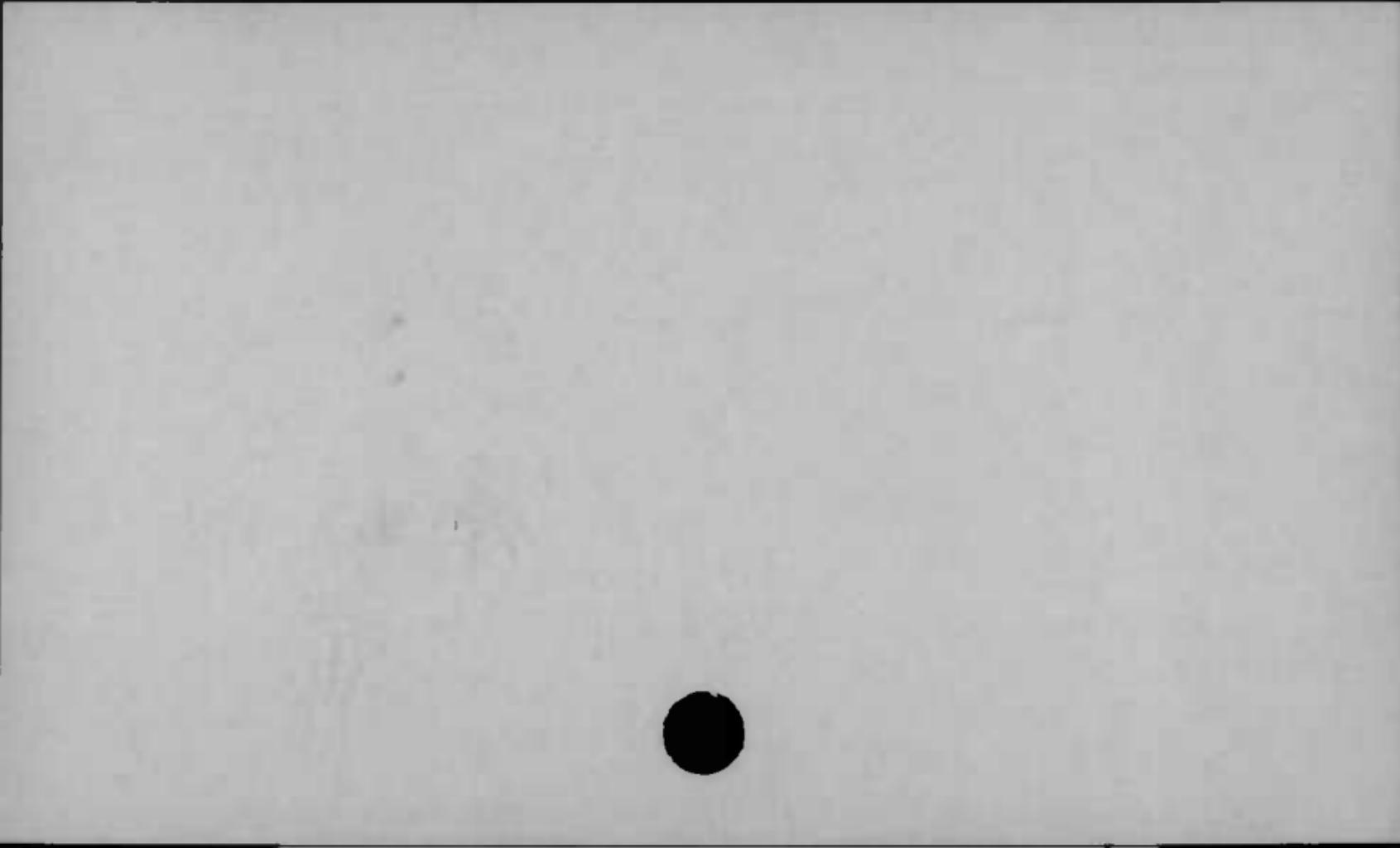
Reported by

John J. Hessey M.D.

Address

Pleasantville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nancy Reed

Town

County

Died at

Hanesville

MARYLAND

Kent

Date 1891
1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 31

Age 73

Widow

Divorced

Female

Colored

Single

Number of children

Husband of

Wife

Father's

Name

Don't Know

Mother's

Don't Know

Cause of

Primary

How long sick

Death

Immediate

General debility

14 months

Accident, Suicide, Homicide

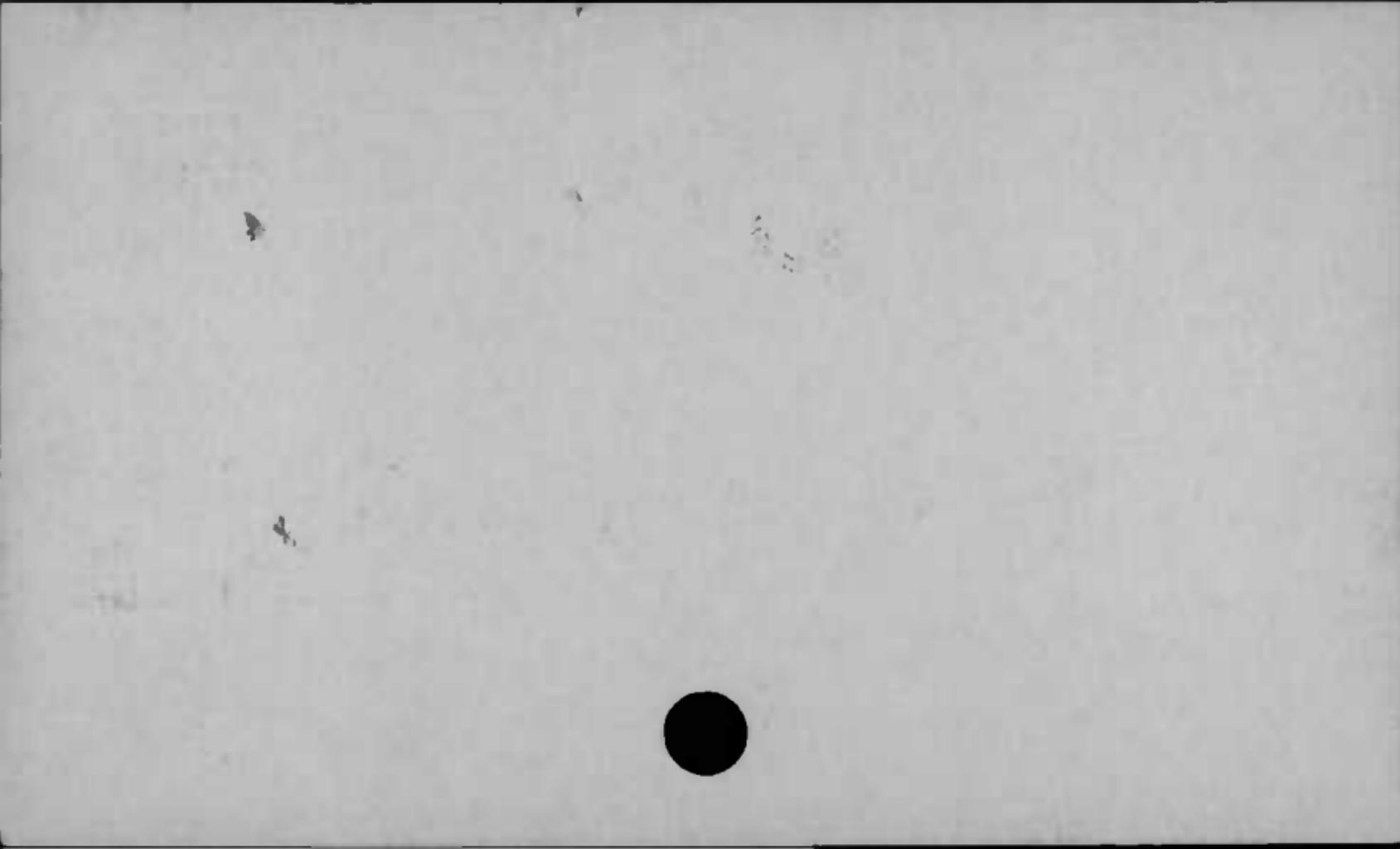
Reported by

John H. Hessey M.D.

Address

Hanesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Henrietta Smith

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1903	Month July	Day 5	Year 18
Sex Female	Color or Race Black	Birth-place Kent Co.	Months 23
Married, Single or Widowed	Occupation		Days 4

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving information

Henry Smith

Hilda Boller

Henry Smith

Father's Birthplace

Mother's Birthplace

How related to deceased

Kent Co.

Kent Co.

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Obarrh

179

How long

2 weeks

Immediate

Exhaution

How long

one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. O. Selby M.D.
Rock Hall, Md.

Accident or Suicide?



Name
in
Full

? Clara Louise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	Birth- place	Occupation		
Married, Single or Widowed	Pioneer			Pioneer			
Name of Wife or Husband							
Father's Name			75 79	Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

6 months

Immediate

11
yes

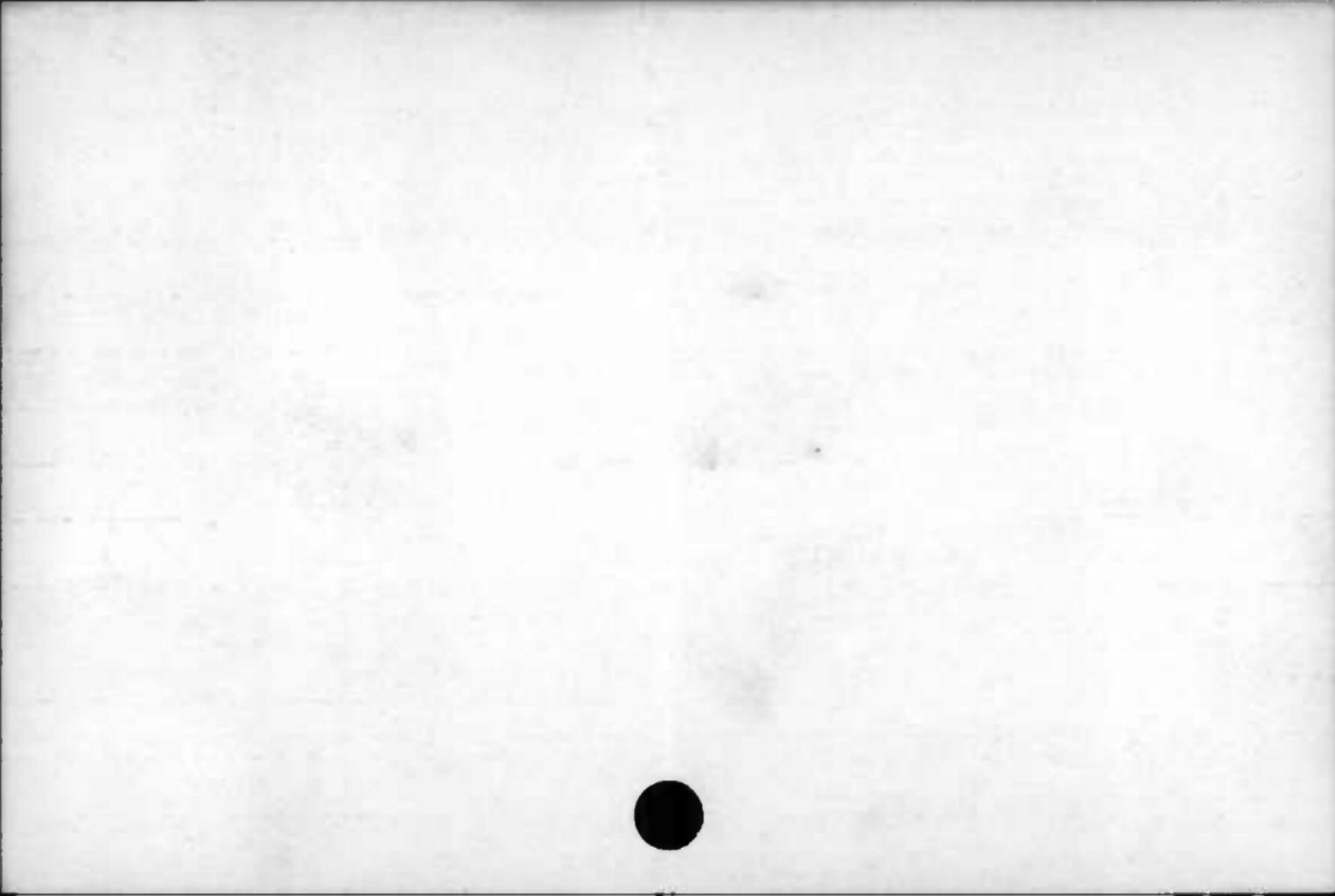
How long

20 Davis Rd
Washington D.C.

Signature of
Physician

Address

Accident or Suicide?



Gester Thomas

Town

County

Died at Bear Millington Kent Co

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
1903	July	11	30			Md	House wife
<u>Male</u>	<u>White</u>		Age	Married	Widow	<u>Divorced</u>	
Female	Colored			<u>Single</u>	Widower		Number of children living

Husband of Rob Thomas

Wife of Eli Smith

Mother's Name Arrie Smith

Father's Name

Name

Cause of Death

Primary

Inflammata' Kidneys

How long sick

2 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by E G Clark

Address Bear Millington

1070

LIBRARY BUREAU, 66968



Name
in
Full

Elizabeth Betterton Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 7	Years 77	Months -	Days -
Sex Female	Color or Race white	Birth-place Md			
Married, Single or Widowed	Occupation Widower				
Name of Wife or Husband					
Father's Name	Gardiner Betterton	Father's Birthplace	Md		
Mother's Maiden Name	Rachel Kinsey	Mother's Birthplace	Md.		
Name of person giving Information	R. T. Turner	How related to deceased	Sone		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paralysis.	66	How long	10 months.
	Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	W. S. Maxwell,	
			Address	Still Pond, Md.	
Accident or Suicide?					

synchro

Name
in
Full

Wm Roosevelt Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	—	5		
Married, Single or Widowed	Single	Occupation	none				
Name of Wife or Husband							
Father's Name	John Williams			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	John Williams			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	105	How long
Immediate	Cholera Infantum	1 Day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address	John Williams, Jr W. Melvin Chestertown
Accident or Suicide?		

